

**9 FAM Appendix K Exhibit I,
FORM DS-4034, CLASS A NONIMMIGRANT VISA REFERRAL**

(TL:VISA-530; 03-26-2003)
(Office of Origin: CA/VO/L/R)



U.S. Department of State
CLASS A NONIMMIGRANT VISA REFERRAL

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TO: Chief of Consular Section		Date (mm-dd-yyyy)	
SUBJECT: Visa Referral			
Name of Applicant (Last, First, MI)		Date of Birth (mm-dd-yyyy)	
<div style="background-color: yellow; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: yellow; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: yellow; width: 50px; height: 1.2em; display: inline-block;"></div>			
ACCOMPANYING RELATIVE(s)			
Full Name	Relationship	Date of Birth (mm-dd-yyyy)	
I recommend visa issuance for the visa applicant named above who is well and favorably known to me. The following documents are attached:			
<input type="checkbox"/> Passport <input type="checkbox"/> Completed Form DS-156 <input type="checkbox"/> Completed Form DS-157 (if applicable)			
<input type="checkbox"/> Photo <input type="checkbox"/> Supporting Documents			
Position of applicant:			
Nature of contact:			
Purpose of applicant's travel is			
Destination of applicant's travel is		Date of travel (mm-dd-yyyy)	
Issuing a visa to the applicant is in the U.S. national interest because			
I certify that the referred applicant is personally known to me and, to the best of my knowledge, meets all criteria for a referral status and presents no threat to the national security or safety of the United States.			
Name of Referring Officer		Name of Approving Officer	
Title of Referring Officer		Title of Approving Officer	
Signature		Signature	
Telephone Number: _____		Telephone Number: _____	

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